

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Mississippi Conservatives</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00554774	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Scott Howell &amp; Company</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 28 / 2014</b>		
Mailing Address 3900 Willow St. Suite 200			Amount <b>35000.00</b>		
City Dallas	State TX	Zip Code 75226	Transaction ID : <b>SE.4352</b>		
Purpose of Expenditure TV Media Ad Buy		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 28 / 2014</b>		
Name of Federal Candidate Mr. Christopher Brian McDaniel		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>1571606.30</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Scott Howell &amp; Company</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 28 / 2014</b>		
Mailing Address 3900 Willow St. Suite 200			Amount <b>15000.00</b>		
City Dallas	State TX	Zip Code 75226	Transaction ID : <b>SE.4353</b>		
Purpose of Expenditure Radio Ad Buy		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 28 / 2014</b>		
Name of Federal Candidate Mr. Christopher Brian McDaniel		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>1536606.30</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>50000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Brian Perry

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 28 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Mississippi Conservatives</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00554774	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Winning Edge</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 28 / 2014</b>	
Mailing Address <b>PO Box 269</b>		Amount <b>926.00</b>	
City <b>Alexandria</b>	State <b>AL</b>	Zip Code <b>36250</b>	Transaction ID : <b>SE.4358</b>
Purpose of Expenditure Pushcard Production and Distribution		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 28 / 2014</b>
Name of Federal Candidate <b>Thad Cochran</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>
Calendar Year-To-Date Per Election for Office Sought		<b>1643073.15</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Winning Edge</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 28 / 2014</b>	
Mailing Address <b>PO Box 269</b>		Amount <b>2074.00</b>	
City <b>Alexandria</b>	State <b>AL</b>	Zip Code <b>36250</b>	Transaction ID : <b>SE.4359</b>
Purpose of Expenditure Pushcard Production and Distribution		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 28 / 2014</b>
Name of Federal Candidate <b>Thad Cochran</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>
Calendar Year-To-Date Per Election for Office Sought		<b>1642147.15</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>3000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Mr. Brian Perry

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Mississippi Conservatives</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00554774	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Winning Edge</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 28 / 2014</b>	
Mailing Address <b>PO Box 269</b>		Amount <b>68466.85</b>	
City <b>Alexandria</b>	State <b>AL</b>	Zip Code <b>36250</b>	Transaction ID : <b>SE.4360</b> Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 28 / 2014</b>
Purpose of Expenditure <b>Mail Printing, Production and Postage</b>		Category/Type <b>004</b>	
Name of Federal Candidate <b>Thad Cochran</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MS</b>
Calendar Year-To-Date Per Election for Office Sought <b>1640073.15</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>68466.85</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>121466.85</b>

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